Texas Department of Aging	Form 85/6
and Disability Services	November 2012

Provider Name	Comp Code	Contract No.			

Individual Profile Information

			L	egal	Statu	ıs		Day Activity (Mark all that apply)				(M	ark a	II that	appl	ly)					
Individual's Name	Age	LON	Consumer Responsible Adult	Minor	Adult, w/guardian	Adult, no guardian	LAR's Name/Telephone No.	Residential Support RSS, SL, FC, OHFH	School	Day Habilitation	Employed	DAHS	Other	No Day Activity	Special Needs: (Be Specific) Example: Does the individual have any medical needs? Adaptive aids? Health issues? Medical or psychiatric diagnoses?	Mark if provider manages finances	Visually impaired?	Hearing impaired?	Behavior plan?	Psychotropic meds?	Rights restriction?

Form Completed By:	Date:	